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POVEZANOST DEPERSONALIZACIJE I SUICIDALNOSTI U DEPRESIVNIH PACIJENATA

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Short title:
Depersonalization and suicidality in depression
Depersonalizacija i suicidalnost kod depresije

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Abstract

Background/Aim Depersonalization is a considered to be the third leading symptom in psychiatric morbidity The aim of this study was to investigate the correlation of depersonalization and diferent patterns of suicidal behaviour in subjects suffering from depresssive disorder. **Methods.** The whole sample consisted of 119 depressed patients were divided in two groups: the first group od depressed patients with clinically manifested depersonalization according Cambridge Depresonalisation Scale presented score ≥70, and the second group whithout clinically manifested depersonalization symptomatology, or it was on the subsyndromal level. Subsequently, these two groups were compared regarding the suicidality indicators. **Results:** Depressed patients with depersonalization had significantly higher scores for suicidal ideation, according to Scale for Suicide Ideation of Beck, both active and passive, more often manifested suicidal desire, suicidal planning and overall suicidality ($p<0.000$). Positive ideation, as a protective factor, was reduced in this group ($p<0.000$). These patients had more previous suicide attempts ($p<0.001$) and family history of suicides ($p=0.004$). Depressed patients with depersonalization eight times more often had active suicidal desire, eleven times more often passive suicidal desire and five times more often suicidal planing. **Conclusions:** Suicidal potential, manifested in various patterns of suicidal behaviour among patinets suffering from depressive disorder with clinically manifested depersonalization is prominent. It is necessary to pay particular attention to depersonalization level, during diagnostic and treatment procedure od depressed patients, having in mind that it may be associated with high suicidal potential.

Key Words: Depersonalization, Depression, Suicidal Ideation, Suicide, Risk factors

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Sažetak

Uvod/Cilj. Depersonalizacija, uz anksioznost i depresiju spada medju tri najvažnija simptoma psihijatrijskih poremećaja. Cilj istraživanja je utvrđivanje povezanosti depersonalizacije i različitih oblika suicidalnog ponašanja kod depresivnih pacijenata. **Metode.** Istraživanje je rađeno na grupi od 119 depresivnih pacijenata (21% muškog, 79% ženskog pola). U istraživanju su korišćeni: Cambridge Depersonalization Scale (CDS), Scale for Suicide Ideation of Beck (SSI) i Positive and Negative Suicidal Ideation (PANSI). Na osnovu skora na CDS skali pacijenti su podeljeni na grupu pacijenata sa depersonalizacijom (skor ≥70) i na grupu pacijenata bez depersonalizacije (<70). Ove dve grupe komparirane u odnosu na indikatore suicidalnosti. **Rezultati.** Pacijenti oboleli od depresije sa depersonalizacijom imali su signifikatno veći skor za suicidalne ideje po Bekovoj skali za suicidalne ideje, češće su su manifestovali, kako aktivne, tako i pasivne suicidalne želje, suicidalne planove i globalnu suicidalnost ($p<0.000$). Pozitivne ideje, kao protektivni faktor, bile su redukovane u ovoj grupi ispitanika (prva grupa) ($p<0.000$). Ovi pacijenti imali su više ranijih pokušaja suicida ($p<0.001$), kao i suicide u porodičnoj istoriji ($p=0.004$). Depresivni pacijenti sa depersonalizacijom osam puta češće imaju aktivne suicidalne želje, jedanaest puta puta češće pasivne suicidalne želje i pet puta češće suicidalne planove. **Zaključci.** Suicidalni potencijal, manifestovan kroz različite obrazce suicidalnog ponašanja obolelih od depresivnog poremećaja sa visokom depersonalizacijom je prominentan. Neophodno je obratiti posebnu pažnju na nivoe izraženosti depersonalizaije tokom dijagnostičkih i terapijskih procedura depresivnih pacijenata, imajući u vidu da postojanje depersonalizacije može biti povezano sa visokim suicidalnim potencijalom.

Ključne reči: Depersonalizacija, Depresija, Suicidalne ideje, Suicid, Faktori rizika

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Introduction

There is a number of identified risk factors which can provide clinicians with a risk profile for a suicide. Health professionals who are familliar to these risk factors can thereby indentify potential at risk patients for further assessment of suicidality and preventive measures (1).

Studies showed that some psychiatric disorders and conditions are related to high suicide risk, especially mood disorders, psychotic disorders, anxiety disorders, some personality disorders as well as substance abuse and dependence (particularly alcohol) (1-4). Major depression is outlined as a particularly significant suicide risk factor because even 50% of those who have made a suicde attempt were suffering from this disorder. In addition to the diagnosis itself, the presence of specific symptoms occuring within the depressive syndrome may be associated with an increased suicide risk.

On the other hand, depersonalization is a symptom considered to be the third on the scale, in terms of frequency in psychiatric morbidity (just after anxiety and depression) (5). However, it is often not recognized. According to data from literature, there is relatively high prevalence of depersonalization symptomatology in depressive disorder (6-8). The depersonalization symptomatology within depressive disorder was found in 4% of patients in primarly care (9), 28% of outpatients (10) and even 60% of inpatients (1).

Due to very unpleasant experience, such as feeling that their own body, mental processes and environment are strange and changed, or numbness of perceptive experience, patients with depersonalization are occassionally apt to self-injuring which shortly interrupts the horror of changed experience (12). Also, the depersonalization is associated with increasing of suicidal ideation as well as suicidality in general. In the community-based survey with 5000 participants, the authors found out that depersonalization and Type-D personality are uniquely associated with suicidal ideations (13). In nonclinical sample of 7905 participating surgeons, the presence of suicidal ideation was related with all 3 domains of burnout (emotional exhaustion, depersonalization, and low personal accomplishment) and symptoms of depression (14).

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Having in mind the aforementioned, as well as the fact that depersonalization very often accompanies, i.e., is the associated symptom in depressive disorder, we wanted to investigate the correlation of depersonalization and diferent patterns of suicidal behaviour in subjects suffering from depresssive disorder.

Methods

The entire group comprised 119 patients, of both genders (25 males - 21%, 94 females -79%), The inclusion criteria for our crosssection study were: diagnosis of depressive episode or recurrent depressive episode (F32.0-2, F33.0-2) according to ICD X, age 18-65, primary education minimum,the absence of cognitive impairment or organic couse of depression (F06.3), mental retardation, substance abuse disorders, a history of seizures, the absence of serious medical (somatic) illnesses that were not considered well-controlled. Patients with psychotic feature or hystory of (hypo)manic episodes, according to ICD X, were excluded from our investigation. All study patients were consecutivly addmited to hospital treatment at Psychiatry Clinic Gornja Toponica, or treated in outpatient condition at Clinic for Mental Health Protection. All patients who passed inclusion criteria were tested crossectionaly during treatment at mentioned psychiatry institutions. All psychological assessments were focused on the areas of depression, depersonalization and suicidality. Standard psychometric instruments employed included:

1. Cambridge Depersonalization Scale (CDS) (15) – was used to measure depersonalization symptomatology intensity. Scores exceeding or equal 70 are the indicators of clinically manifested depersonalization levels existence. It consists of 29 items.

2. Scale for Suicide Ideation of Beck (SSI) - Suicidality assessment scale(16), comprised of 19 items. We can obtain three subscales active suicidal desire, passive suicidal desire and specific suicidal plan as well as total score of suicidality. Higher scores indicate greater level of suicidality.

3. Positive And Negative Suicidal Ideation (PANSI) (17) – It is a 14 item scale for assessing suicidal thoughts. Data processing provides evidence about positive and negative suicidal thinking.

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All examined patients also responded to questionnaire items devised by the authors, focused on their sociodemographic characteristics, as well as previous suicide attempts and family history of suicide.

All 119 depressed patients were divided in two groups: the first group od depressed patients with clinically manifested depersonalization according Cambridge Depresonalisation Scale (15) presented score ≥70, and the second group whithout clinically manifested depersonalization symptomatology, or it was on the subsyndromal level. Based on this criteria, the first group with depersonalization comprised of 50 patients and the second group without depersonalization, of 69 patients. Subsequently, these two groups have been compared in regard to suicidality indicators.

The study was approved by the Regional Ethical Committee, all patients gave written consent and the study was performed in full accordance with Declaration of Helsinki (1965) and later revisions.

Within-and between-groups comparison were performed using The Statistical Package for the Social Sciences, Version 17 (SPSS 17) in order to analyze the results. Preliminary analysis was performed to ensure no violation of the assumptions of linearity and normality. In order to determine whether the data were normally distributed, we used the Kolmogorov - Smirnov test (KS-test). Data were expressed as mean ± SD, except for non-Gaussian parameters, which were presented as median (range). We used Student's t-test for parametric data. For non-parametric data, we used $\chi 2$ test, Spearman's rho, Mann Whitney U, Phi and Odds ratio with confidence intervals. All reported p-values are exact two-sided significance levels. Statistical significance was defined as $p < 0.05$.

Patients

Both groups did not significantly differ concerning gender, place of residence, age and level of education (Table 1). In both groups, the majority of patients were females and most of participants lived in urban environment (in town). The average age of patients in the first group (with clinically manifested depersonalization) was 42.11 ± 11.817 and in the second group (without clinically manifested of depersonalization) 44.93 ± 11.199 years (t=1.188, df=117, p=0.237). Most of the patients have a standing partner. Patients with intermediate level of education dominated in both groups.

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Results

Suicidal ideation

Positive ideation, i.e., positive attitudes to life opposite to suicide was more intensive in the second group (mean rank 72.29). There was a statistically significant difference compared to the first group with depersonalization, where the mean rank was 43.04 (Mann Whitney U=877.0, $p<0.0001$). Depersonalization score was in negative correlation with positive suicidal ideation and correlation was on a significant statistical level (Spearman's rho = - 0.452, $p<0.0001$).

In the first group with depersonalization, the negative ideation mean rank was 77.13, while in the second group it was 47.59 with statistically significant difference between groups (Mann Whitney U=868.5, $p<0.0001$). Depersonalization score was in positive correlation with negative suicidal ideation and Spearman's rho correlation was on statistical significant level (Spearmans rho = 0.569, $p<0.000$).

Suicidal desire

Suicidal desire, both active and passive, was more often presentes among depressed patients with depersonalization-the first group.

(Table 2. about here)

Active suicidal desire was present in 82% of patients with depersonalization (the first group), but in 36,2% in the second group-depressed patients without depersonalization ($p<0.0001$). Passive suicidal desire was present in 80% in first group patients with depersonaliztation while in patients without depersonalization (second group), it was in 26,1%. Odds ratio was very high. Odds ratio for active suicidal desire was 8.0 and for passive suicidal desire 11.3.There was a highly significant assotiation between the level of depersonalization and suicidal desire (active and passive).

(Table 3. about here)

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Sucidal planning

Suicidal planing was more often reported by patients from the first group with depersonalization. Fiftysix percents of the first group-depressed patients with depersonallization had suicidal planing as well. In the second group (without depersonalization) were 20.3% patients with this pattern of suicidality. Odds ratio between depersonalization and suicidal planing was 5. The correlation between the level of depersonalization and suicidal planing was positive and statistically significant (Table 3).

Overall suicidality

Similar to previous results and in accordance with it, the presence of suicidality in general was more often reported within the first group with depersonalization (Table 2). There was a significant association between depersonalization and suicidality (Odds ratio 6.6) (Table 2). Correlations between level of depersonalization and general suicidality scores was positive, and on statistically significant level (Table 3).

Previous suicide attempt

One of the suicidality risk factors was previous suicide attempt. Some authors describe it as the most important risk factor (15). In our study, higher percentage of subjects who have previously attempted suicide was in the first group with depersonalization (even 50%), while in the second group it was almost two-thirds less (18.8%). After the statistical processing, we obtained statistically significant difference between the groups (Table 1).

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Family history of suicide

Regarding to the family history, the groups differed on the statistically significant level (Table 1). In the first group with depersonalization, 32% of patients reported family history for suicide, while in the second group with low depersonalization it was the case in 10.1% of subjects.

Discussion

Suicidal ideation refers to thoughts, fantasies, ruminations and preocupations about death, self harm and self inflicted death (18). Suicidal ideation is presented through two variables positive and negative ideation. Our study showed that depressed patients with high depersonalization (≥70, according to Cambridge Depresonalisation Scale), had significant reduced positive thinking about life, therefore reduced positive ideation, as an important suicide protective factor. At the same time, negative ideation was significant increased, reflecting the lack of motive for life and giving advantage to suicide as a possible way of resolving the actual situation. Our results are in accordance with Yoshimasua study (19), in part that refferes on male subjects. Based on Spearmans rho coeffitients, increasing of depersonalization in depressive disorder, resulted with the reduction of positive ideation intensity and increasing of negative ideation among our study patients. Suicide ideas could be active, when a person clearly wishes to commit suicide, or passive, when a person does not try to protect himself/herself in situations potentially dangerous for their life. This pattern of suicide behaviour, was significantly more expressed in depressed patients with clinically relevant depersonalization, 80% vs. 20% (among patients without depersonalization). Depressed patients with depersonalization eight times more often presented active suicidal desire and eleven more often had passive suicidal desire (according to odds ratio), indicating the strong assotiation between depersonalization and suicidal desire (active and pasive), as one of the suicide risk factors.

Our study patients who suffered from depression with concomitant depersonalization five times more often had suicidal planing (according to odds ratio),

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indicating that suicidal intent (suicidal plan making), as a serious risk factor, was also strongly associated with depersonalization.

The presence of overall suicidality was in accordance with previous results, indicating that depressed patients with depersonalization five times more often had any type of suicidality. The similar conclusion was derived from the results of the previous studies (18, 20), that reported the higher risk if suicidal thoughts are present for longer time and occurre more frequently (18, 20). Our study results also indicated that, in order to assess suicidality, it is very important to establish not only the existance of suicidal thoughts, but also to determine their intensity, as a prominent suicidal risk factor.

There are some other facts which indicating and raise suicidal risk. First of all, previous suicide attempt(s) is a bad prognostic sign, because of great risk of reattempting or commiting suicide (21, 22). In our study almost triple number of patients with previous suicide attempt(s) were in the group with depersonalization, indicating that the combination of previous attempt(s) additionally increases the suicide risk and potential mortality. At the same time, the presence of family history for suicide was also triple in the group with depersonalization, so that had been considered as a significant risk factor by some authors (23, 24). Mentioned two additional risk factors, previous suicidal attempts and family history of suicide, have further negative impact on global suicidality pattern in depressed patients with concomitant depersonalization. The association between depersonalization and suicidality in depressive disorder was significant and may be considered as a bad prognostic sign.

However, there are some study limitations: like small sample size, cross section study design, the lack of explanation what kind of relationship it is – direct or indirect among depersonalization and suicidality. In order to find out an answer, we should perform further analysis that could uncover the main road of this association (such as mediation analysis) as well as with the larger sample. Our findings are based on a limited number of patients, which makes our data vulnerable to statistical biases and increases the threshold for obtaining statistical significance between groups. Data reaching statistical significance may therefore be viewed as highly indicative, though not conclusive.

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Conclusions

Suicidal potential in persons affected by depressive disorder with clinically manifested depersonalization is prominent. Concomitant pathological depersonalization among depressed patients was associated with the increase of suicidal ideas, active and pasive suicidal desire and suicidal planning. Suicide attempts, as well as family history of suicide among depressed patients with depersonalization, additionaly increase suicide risk. It is necessary to pay particular attention to depersonalization level, during diagnostic and treatment procedure od depressed patients, having in mind that it may be associated with high suicidal potential.

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REFERENCES:

1.Kutcher S, Chehil S. Suicide Risk Management – A Manual for Health Professionals. Lundbeck Institute, Bleckwell Publishing, 2007.
2. Cheng, ATA. Mental illness and suicide: a case-control study in East Taiwan. Arch Gen Psychiatry 1995; 52: 594-603. [doi:10.1001/archpsyc.1995.03950190076011].
3. Cheng ATA, Mann AH, Chan KA. Personality disorder and suicide. A case-control study. Br J Psychiatry 1997; 170: 441-446. [doi: 10.1192/bjp.170.5.441].
4. Cheng ATA, Chen THH, Chen CC, et al. Psychosocial and psychiatric risk factors for suicide. Case-control psychological autopsy study. Br J Psychiatry 2000; 177: 360-365. [doi: 10.1192/bjp.177.4.360]
5. Simeon D. Depersonalization Disorder: A Contemporary Overview. CNS Drugs. 2004; 18(6): 343-354. [doi: 10.2165/00023210-200418060-00002].
6. Sedman G. Depersonalisation in a group of normal subjects. Br J Psychiatry 1966; 112: 907-912. [doi: 10.1192/bjp.112.490.907].

7. Simeon D, Gross S, Guralnik O, et al. Feeling unreal: 30 cases of DSM-III-R depersonalization disorder. Am J Psychiatry 1997; 154: 1107–1113. [http://journals.psychiatryonline.org/data/Journals/AJP/3679/1107.pdf].
8. Baker D, Hunte, E, Lawrence E, et al. Depersonalization disorder: clinical features of 204 cases. British J Psychiatry 2003; 182: 428- 433. [doi: 10.1192/bjp.02.399].
9. Strickland PL, Deakin JFW, Percival C, et al. Bio-social origins of depression in the community – interactions between social adversity, cortisol and serotonin neurotransmission. Br J Psychiatry 2002; 180:168–173. [doi: 10.1192/bjp.180.2.168].
10. Sedman G, Reed GF. Depersonalization phenomena in obsessional personalities and in depression. Br J Psychiatry 1963; 109: 376–379. [doi: 10.1192/bjp.109.460.376].
11. Noyes R, Kletti R. Depersonalization in response to life-threatening danger. Comprehensive Psychiatry 1977; 18:375–384. [doi: 10.1016/0010-440X(77)90010-4].
12. Eckhardt A, Hoffmann SO. Depersonalization and self-injury. Z Psychosom Med Psychoanal 1993; 39(3):284-306.
13. Matthias, M., Wiltink, J., Till, Y., Wild, P. S., Münzel, T., Blankenberg, S., Beutel. M. E. (2010). Type-D personality and depersonalization are associated with suicidal ideation in the German general population aged 35–74: Results from the Gutenberg Heart Study. Journal of Affective Disorders, 125, 1: 227 - 233.
14. Shanafelt, T. D., Balch, C. M., Dyrbye, L., et al. (2011). Special Report: Suicidal Ideation Among American Surgeons. *Arch Surg.* 146(1):54-62. doi:10.1001/archsurg.2010.292.
15. Sierra M, Berrios GE. The Cambridge Depersonalization Scale: a new instrument for the measurement of depersonalization. Psychiatry Res 2000; 93:153-164. [doi: 10.1016/S0165-1781(00)00100-1].
16. Beck AT, Kovacs M, Weissman A. Assessment of suicidal intention: The Scale for Suicidal Ideation. J Consult Clin Psychol 1979; 47: 343-352. [doi: 10.1037//0022-006X.47.2.343]
17. Osman A, Barrious FX, Gutierez PM, et al. The positive and negative suicidal ideation (PANSI) Inventory: Psychometric Evslustion with adolescent psychiatric inpatients samples. Journal of personality assessment 2002; 79 (3): 512-530.

18. Vannoy SD, Unutzer J. Detection of suicide risk in patients with depression. WPA buletin on Depression 2005; 10(3): 6-8.

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19. Yoshimasu K, Sugahara H, Tokunaga S, et al. Gender differences in psychiatric symptoms related to suicidal ideation in Japanese patients with depression. Psychiatry Clin Neurosci 2006; 60(5):563-9. [doi: 10.1111/j.1440-1819.2006.01559.x].
20. Zikic O, Ciric S, Mitkovic M. Depressive phenomenology in regard to depersonalization level. Psychiatr Danub 2009; 21(3):320-6. [http://www.hdbp.org/psychiatria_danubina/pdf/dnb_vol21_no3/dnb_vol21_no3_320.pdf].
21. Beghi M, Rosenbaum JF. Risk factors for fatal and nonfatal repetition of suicide attempt: a critical appraisal. Curr Opin Psychiatry 2010; 23(4):349-55. [doi: 10.1097/YCO.0b013e32833ad783].
22. Gonda X, Fountoulakis KN, Kaprinis G, et al. Prediction and prevention of suicide in patients with unipolar depression and anxiety. Ann Gen Psychiatry 2007; 5;6:23. [doi: 10.1186/1744-859X-6-23].
23. Qin P, Agerbo E, Mortensen PB. Suicide risk in relation to family history of completed suicide and psychiatric disorders: a nested case-control study based on longitudinal registers. Lancet 2002; 12; 360(9340):1126-30. [doi: 10.1016/S0140-6736(02)11197-4].
24. Mann JJ, Waternaux C, Haas GL, et al. Toward a Clinical Model of Suicidal Behavior in Psychiatric Patients. Am J Psychiatry 1999; 156:181-189. [http://journals.psychiatryonline.org/data/Journals/AJP/3697/181.pdf].
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Table 1: Socio-demographic data

		I group with depersonalization		II group without depersonalization				
		N	%	N	%	$\chi 2$	Df	P
1	Gender					1.303	1	0.265
	Female	42	84%	52	75.4%			
	Male	8	16%	17	24.6%			
2	Place of residence					0.531	1	0.767
	Town	26	52%	40	58%			
	Village	19	38%	24	34.8%			
	Big village	5	10%	5	7.2%			
3.	Partnership					2.628	1	0.165
	With partner	35	70%	57	82.6%			
	Single	15	30%	12	17.4%			
4.	Education					2.836	1	0.425
	Low (8 years)	6	12%	13	18.8%			
	Medium (12 years)	36	72%	46	66.7%			
	Higher (15 years)	4	8%	2	2.9%			
	High (16-18 years)	4	8%	8	11.6%			
5	Previous suicide attempt					12.950	1	<0.001
	Yes	25	50%	13	18.8%			
	No	25	50%	56	81.2%			
6.	Family history of suicide					8.881	1	0.004
	Yes	16	32%	7	10.1%			
	No	34	68%	62	89.9%			

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Table 2: Suicidal behavior and depersonalization

			I group with depersonalization		II group without depersonalization						
			N	**%**	**N**	**%**	**χ2**	**df**	**P**	**Odds ratio**	**95% Confidence interval**
1	Active suicidal desire						24.585	1	< 0.001	8.0	3.350-19.188
		Yes	41	82%	25	36.2%					
		No	9	18%	44	63.8%					
2	Passive suicidal desire						37.728	1	< 0.001	11.3	4.716-27.258
		Yes	40	80%	18	26.1%					
		No	10	20%	51	73.9%					
3	Specific suicidal plan						16.189	1	< 0.001	5.0	2.224-11.239
		Yes	28	56%	14	20.3%					
		No	22	44%	55	79.7%					
4	General suicidality						20.416	1	< 0.001	6.7	2.804-15.872
		Yes	41	82%	28	40.6%					
		No	9	18%	41	59.3%					

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Table 3: Association of suicidal behavior and depersonalization among the first group of patients

		Phi	P
1	Active suicidal desire	0.455	< 0.001
2	Passive suicidal desire	0.532	< 0.001
3	Specific suicidal plan	0.369	< 0.001
4	General suicidality	0.414	< 0,.01
5	Previous suicidal attempts	0.330	< 0.001
6	Family history of suicide	0.273	0.004

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